Senate File 513 - Reprinted

SENATE FILE 513

BY COMMITTEE ON HUMAN

RESOURCES

(SUCCESSOR TO SF 348)

(As Amended and Passed by the Senate March 27, 2019)

A BILL FOR

- 1 An Act relating to the prescribing and dispensing of
- 2 self-administered hormonal contraceptives.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

- 1 Section 1. Section 155A.3, Code 2019, is amended by adding
- 2 the following new subsections:
- 3 NEW SUBSECTION. 10A. "Department" means the department of
- 4 public health.
- 5 NEW SUBSECTION. 44A. "Self-administered hormonal
- 6 contraceptive means a self-administered hormonal contraceptive
- 7 that is approved by the United States food and drug
- 8 administration to prevent pregnancy. "Self-administered
- 9 hormonal contraceptive" includes an oral hormonal contraceptive,
- 10 a hormonal vaginal ring, and a hormonal contraceptive patch,
- 11 but does not include any drug intended to induce an abortion as
- 12 defined in section 146.1.
- 13 NEW SUBSECTION. 44B. "Standing order" means a preauthorized
- 14 medication order with specific instructions from the medical
- 15 director of the department to dispense a medication under
- 16 clearly defined circumstances.
- 17 Sec. 2. NEW SECTION. 155A.47 Pharmacist dispensing of
- 18 self-administered hormonal contraceptives standing order —
- 19 requirements limitations of liability.
- 1. a. Notwithstanding any provision of law to the contrary,
- 21 a pharmacist may dispense a self-administered hormonal
- 22 contraceptive to a patient, who is at least eighteen years of
- 23 age, pursuant to a standing order established by the medical
- 24 director of the department in accordance with this section.
- 25 b. In dispensing a self-administered hormonal contraceptive
- 26 to a patient under this section, a pharmacist shall comply with
- 27 the following:
- 28 (1) For an initial dispensing of a self-administered
- 29 hormonal contraceptive, the pharmacist may dispense only up
- 30 to a three-month supply at one time of the self-administered
- 31 hormonal contraceptive.
- 32 (2) For any subsequent dispensing of the same
- 33 self-administered hormonal contraceptive, the pharmacist
- 34 may dispense up to a twelve-month supply at one time of the
- 35 self-administered hormonal contraceptive.

- A pharmacist who dispenses a self-administered hormonal
- 2 contraceptive in accordance with this section shall not
- 3 require any other prescription drug order authorized by a
- 4 practitioner prior to dispensing the self-administered hormonal
- 5 contraceptive to a patient.
- 6 3. The medical director of the department may establish a
- 7 standing order authorizing the dispensing of self-administered
- 8 hormonal contraceptives by a pharmacist who does all of the
- 9 following:
- 10 a. Complies with the standing order established pursuant to
- ll this section.
- 12 b. Retains a record of each patient to whom a
- 13 self-administered hormonal contraceptive is dispensed under
- 14 this section and submits the record to the department.
- 15 4. The standing order shall require a pharmacist who
- 16 dispenses self-administered hormonal contraceptives under this
- 17 section to do all of the following:
- 18 a. Complete a standardized training program and continuing
- 19 education requirements approved by the board in consultation
- 20 with the department that are related to prescribing
- 21 self-administered hormonal contraceptives and include education
- 22 regarding all contraceptive methods approved by the United
- 23 States food and drug administration.
- 24 b. Obtain a completed self-screening risk assessment,
- 25 approved by the department in collaboration with the board and
- 26 the board of medicine, from each patient, verify the identity
- 27 and age of each patient, and perform a blood pressure screening
- 28 on each patient, prior to dispensing the self-administered
- 29 hormonal contraceptive to the patient.
- 30 c. Provide the patient with all of the following:
- 31 (1) Written information regarding all of the following:
- 32 (a) The importance of completing an appointment with the
- 33 patient's primary care or women's health care practitioner
- 34 to obtain preventative care, including but not limited to
- 35 recommended tests and screenings.

- 1 (b) The effectiveness and availability of long-acting
- 2 reversible contraceptives as an alternative to
- 3 self-administered hormonal contraceptives.
- 4 (2) A copy of the record of the pharmacist's encounter with
- 5 the patient that includes all of the following:
- 6 (a) The patient's completed self-screening risk assessment.
- 7 (b) A description of the contraceptive dispensed, or the
- 8 basis for not dispensing a contraceptive.
- 9 (3) Patient counseling regarding all of the following:
- 10 (a) The appropriate administration and storage of the
- 11 self-administered hormonal contraceptive.
- 12 (b) Potential side effects and risks of the
- 13 self-administered hormonal contraceptive.
- 14 (c) The need for backup contraception.
- 15 (d) When to seek emergency medical attention.
- 16 (e) The risk of contracting a sexually transmitted
- 17 infection or disease, and ways to reduce such a risk.
- 18 5. The standing order established pursuant to this section
- 19 shall prohibit a pharmacist who dispenses a self-administered
- 20 hormonal contraceptive under this section from doing any of the
- 21 following:
- 22 a. Requiring a patient to schedule an appointment with
- 23 the pharmacist for the prescribing or dispensing of a
- 24 self-administered hormonal contraceptive.
- 25 b. Dispensing self-administered hormonal contraceptives to
- 26 a patient for more than twenty-four months after the date a
- 27 self-administered hormonal contraceptive is initially dispensed
- 28 to the patient without the patient's attestation that the
- 29 patient has consulted with a primary care or women's health
- 30 care practitioner during the preceding twenty-four months.
- 31 c. Dispensing a self-administered hormonal contraceptive to
- 32 a patient if the results of the self-screening risk assessment
- 33 completed by a patient pursuant to subsection 4, paragraph
- 34 "b", indicate it is unsafe for the pharmacist to dispense the
- 35 self-administered hormonal contraceptive to the patient, in

- 1 which case the pharmacist shall refer the patient to a primary
 2 care or women's health care practitioner.
- 6. A pharmacist who dispenses a self-administered hormonal
- 4 contraceptive and the medical director of the department who
- 5 establishes a standing order in compliance with this section
- 6 shall be immune from criminal and civil liability arising from
- 7 any damages caused by the dispensing, administering, or use of
- 8 a self-administered hormonal contraceptive or the establishment
- 9 of the standing order, provided that the pharmacist acts
- 10 reasonably and in good faith. The medical director of the
- 11 department shall be considered to be acting within the scope
- 12 of the medical director's office and employment for purposes
- 13 of chapter 669 in the establishment of a standing order in
- 14 compliance with this section.
- 15 7. The department, in collaboration with the board and
- 16 the board of medicine, and in consideration of the guidelines
- 17 established by the American congress of obstetricians and
- 18 gynecologists, shall adopt rules pursuant to chapter 17A to
- 19 administer this chapter.
- Sec. 3. Section 514C.19, Code 2019, is amended to read as
- 21 follows:
- 22 514C.19 Prescription contraceptive coverage.
- 23 1. Notwithstanding the uniformity of treatment requirements
- 24 of section 514C.6, a group policy, or contract, or plan
- 25 providing for third-party payment or prepayment of health or
- 26 medical expenses shall not do either of the following comply
- 27 as follows:
- 28 a. Exclude Such policy, contract, or plan shall not
- 29 exclude or restrict benefits for prescription contraceptive
- 30 drugs or prescription contraceptive devices which prevent
- 31 conception and which are approved by the United States
- 32 food and drug administration, or generic equivalents
- 33 approved as substitutable by the United States food and drug
- 34 administration, if such policy, or contract, or plan provides
- 35 benefits for other outpatient prescription drugs or devices.

- 1 However, such policy, contract, or plan shall specifically
- 2 provide for payment, including reimbursement for pharmacist
- 3 consultations, for a self-administered hormonal contraceptive,
- 4 as prescribed by a practitioner as defined in section
- 5 155A.3, or as prescribed by standing order and dispensed by a
- 6 pharmacist pursuant to section 155A.47, including payment for
- 7 up to an initial three-month supply of the self-administered
- 8 hormonal contraceptive dispensed at one time and for up to a
- 9 twelve-month supply of the same self-administered hormonal
- 10 contraceptive subsequently dispensed at one time.
- 11 b. Exclude Such policy, contract, or plan shall not exclude
- 12 or restrict benefits for outpatient contraceptive services
- 13 which are provided for the purpose of preventing conception if
- 14 such policy, or contract, or plan provides benefits for other
- 15 outpatient services provided by a health care professional.
- A person who provides a group policy, or contract, or
- 17 plan providing for third-party payment or prepayment of health
- 18 or medical expenses which is subject to subsection 1 shall not
- 19 do any of the following:
- 20 a. Deny to an individual eligibility, or continued
- 21 eligibility, to enroll in or to renew coverage under the terms
- 22 of the policy, or contract, or plan because of the individual's
- 23 use or potential use of such prescription contraceptive drugs
- 24 or devices, or use or potential use of outpatient contraceptive
- 25 services.
- 26 b. Provide a monetary payment or rebate to a covered
- 27 individual to encourage such individual to accept less than the
- 28 minimum benefits provided for under subsection 1.
- 29 c. Penalize or otherwise reduce or limit the reimbursement
- 30 of a health care professional because such professional
- 31 prescribes contraceptive drugs or devices, or provides
- 32 contraceptive services.
- 33 d. Provide incentives, monetary or otherwise, to a health
- 34 care professional to induce such professional to withhold
- 35 from a covered individual contraceptive drugs or devices, or

1 contraceptive services.

9 contract, or plan is provided.

- 2 3. This section shall not be construed to prevent a 3 third-party payor from including deductibles, coinsurance, or 4 copayments under the policy, or contract, or plan as follows:
- 5 a. A deductible, coinsurance, or copayment for benefits
 6 for prescription contraceptive drugs shall not be greater than
 7 such deductible, coinsurance, or copayment for any outpatient
 8 prescription drug for which coverage under the policy, or
- 10 b. A deductible, coinsurance, or copayment for benefits for 11 prescription contraceptive devices shall not be greater than 12 such deductible, coinsurance, or copayment for any outpatient 13 prescription device for which coverage under the policy, or 14 contract, or plan is provided.
- 15 c. A deductible, coinsurance, or copayment for benefits for 16 outpatient contraceptive services shall not be greater than 17 such deductible, coinsurance, or copayment for any outpatient 18 health care services for which coverage under the policy, or 19 contract, or plan is provided.
- 4. This section shall not be construed to require a
 third-party payor under a policy, or contract, or plan
 to provide benefits for experimental or investigational
 contraceptive drugs or devices, or experimental or
 investigational contraceptive services, except to the extent
 that such policy, or contract, or plan provides coverage for
 other experimental or investigational outpatient prescription
 drugs or devices, or experimental or investigational outpatient
 health care services.
- 5. This section shall not be construed to limit or otherwise discourage the use of generic equivalent drugs approved by the United States food and drug administration, whenever available and appropriate. This section, when a brand name drug is requested by a covered individual and a suitable generic equivalent is available and appropriate, shall not be construed to prohibit a third-party payor from requiring the covered

- 1 individual to pay a deductible, coinsurance, or copayment
- 2 consistent with subsection 3, in addition to the difference of
- 3 the cost of the brand name drug less the maximum covered amount
- 4 for a generic equivalent.
- 6. A person who provides an individual policy, or contract,
- 6 or plan providing for third-party payment or prepayment of
- 7 health or medical expenses shall make available a coverage
- 8 provision that satisfies the requirements in subsections
- 9 1 through 5 in the same manner as such requirements are
- 10 applicable to a group policy, or contract, or plan under those
- ll subsections. The policy, or contract, or plan shall provide
- 12 that the individual policyholder may reject the coverage
- 13 provision at the option of the policyholder.
- 14 7. a. This section applies to the following classes of
- 15 third-party payment provider contracts, or policies, or plan
- 16 delivered, issued for delivery, continued, or renewed in this
- 17 state on or after July 1, 2000 January 1, 2020:
- 18 (1) Individual or group accident and sickness insurance
- 19 providing coverage on an expense-incurred basis.
- 20 (2) An individual or group hospital or medical service
- 21 contract issued pursuant to chapter 509, 514, or 514A.
- 22 (3) An individual or group health maintenance organization
- 23 contract regulated under chapter 514B.
- 24 (4) Any other entity engaged in the business of insurance,
- 25 risk transfer, or risk retention, which is subject to the
- 26 jurisdiction of the commissioner.
- 27 (5) A plan established pursuant to chapter 509A for public
- 28 employees.
- 29 b. This section shall not apply to accident-only,
- 30 specified disease, short-term hospital or medical, hospital
- 31 confinement indemnity, credit, dental, vision, Medicare
- 32 supplement, long-term care, basic hospital and medical-surgical
- 33 expense coverage as defined by the commissioner, disability
- 34 income insurance coverage, coverage issued as a supplement
- 35 to liability insurance, workers' compensation or similar

- 1 insurance, or automobile medical payment insurance.
- 2 8. This section shall not be construed to require a
- 3 third-party payor to provide payment to a practitioner for the
- 4 dispensing of a self-administered hormonal contraceptive to
- 5 replace a self-administered hormonal contraceptive that has
- 6 been dispensed to a covered person and that has been misplaced,
- 7 stolen, or destroyed. This section shall not be construed to
- 8 require a third-party payor to replace covered prescriptions
- 9 that are misplaced, stolen, or destroyed.
- 9. For the purposes of this section:
- 11 a. "Self-administered hormonal contraceptive" means a
- 12 self-administered hormonal contraceptive that is approved
- 13 by the United Sates food and drug administration to prevent
- 14 pregnancy. "Self-administered hormonal contraceptive" includes
- 15 an oral hormonal contraceptive, a hormonal vaginal ring, and
- 16 a hormonal contraceptive patch, but does not include any drug
- 17 intended to induce an abortion as defined in section 146.1.
- 18 b. "Standing order" means a preauthorized medication order
- 19 with specific instructions from the medical director of the
- 20 department of public health to dispense a medication under
- 21 clearly defined circumstances.
- 22 Sec. 4. MEDICAID COVERAGE SELF-ADMINISTERED HORMONAL
- 23 CONTRACEPTIVES. The department of human services shall,
- 24 contractually and by administrative rules adopted pursuant
- 25 to chapter 17A, require under Medicaid fee-for-service
- 26 and Medicaid managed care administration, coverage for
- 27 a self-administered hormonal contraceptive as prescribed
- 28 by a practitioner as defined in section 155A.3, or as
- 29 prescribed by standing order and dispensed by a pharmacist
- 30 pursuant to section 155A.47, including payment for up to
- 31 an initial three-month supply of the self-administered
- 32 hormonal contraceptive dispensed at one time and for up to a

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- 33 twelve-month supply of the same self-administered hormonal
- 34 contraceptive subsequently dispensed at one time.